	The state of the s
	ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Registered No.
$\ $	1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH
I	
-	County
	District or Township Or Village Ward
╢	No.
$\ $	Florenzio Bluzor supplemental report, as directed.
	2. Full name of child To be answered ONLY 4. Twin, triplet or other 6. Legitimate? 7. Date of birth Day Year 7. Date of birth Day Year
	Male in event of pidal 5. No., in order of birth. MOTHER FATHER 14.
- -	15 Residence (Usual place of abode)
2	Contait place of the place and state. (A) (VIII)
	If n) on-resident, give place and state.
<u> </u>	10. Co) for or race 17. Age at last birthday 19 (Years)
	11. Age at last birthday (Seals)
ទូ	12. F sirthplace (city or place) Chihuahia 18. Birthplace (city or place) Chihuahia (State or country) Arizona.
ნ	(State or country)
	10. Occupation
	Nature of industry
J	1 21. Were precautions taken against oph-
chilt.	20. Number of children of this mother
one c	(C) Stillborn
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 10 m. on the date above stated
than	Thereby certify that I attended the bitth of the life of the bitth of the bitth of the life of the bitth of the life of the bitth of the life of the bitth
more	11. (U/1) VV (Alabertanian)
e to	or midwife, then the lattice, most constitution of the constitutio
S	shows other evidence of life after birth.
8	Given name added from a supplemental report Month day, year
Ī	month, and the second s
α	Registrar Registrar
Z	giller and the second of the s